## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

21782-8022

| CLAIMS AS FILED - PA  |  |   |              |                    | .H I I<br>(Column 2)            |                  |  | SMALL ENTITY TYPE   |  |       | OTHER THAN OR SMALL ENTITY              |                        |
|---|--|---|--------------|--------------------|---------------------------------|------------------|--|---------------------|--|-------|---|------------------------|
| TOTAL CLAIMS  |  |   | 30           |                    |                                 |                  | ſ  | RATE                | FEE  | )<br> | RATE                                    | FEE                    |
| FOR.  |  |   | NUMBER FILED |                    | NUMBER EXTRA                    |                  | Ì  | BASIC FEE           | 370.00                                       | OR    |   | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | プン minus 20= |                    | * (0                            |                  | Ì  | X\$ 9=              |  | OR    | X\$18=                                  | 180                    |
| INDEPENDENT CLAIMS  |  |   | 1/ minus 3 = |                    | * <u> </u>                      |                  | ł  | X42=                |  | OR    | X84=                                    | 672                    |
| ML  | ITIPLE DEPEN   | IDENT CLAIM P                             | RESENT       |                    |                                 |                  | ŀ  | +140=               |  | 1     | +280=                                   | 0 1 -                  |
| * If  | the difference                                       | in column 1 is                            | less than ze | ro, ente           | r "0" in column 2               |                  | Ł  | TOTAL               |  | OR    | TOTAL                                   | 1592                   |
| CLAIMS AS AMENDED - PART II   |  |   |              |                    |                                 |                  |  | IOIAL               |  | lon   | OTHER                                   |                        |
|   |  | (Column 1)                                |              | (Colu              | mn 2) (Column 3)                |                  |  | SMALL ENTITY        |  | OR    | SMALL                                   |                        |
| ENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREVI       | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |  | RATE                | ADDI-<br>TIONAL<br>FEE                       |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus        | **                 |                                 | =                |  | X\$ 9=              |  | OR    | X\$18=                                  |                        |
| AME   | Independent  | *   | Minus        | ***                |                                 |                  |  | X42=                |  | OR    | X84=                                    |                        |
| Ľ   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEP  | ENDEN              | 1 CLAIM                         |                  |  | +140=               |  | OR    | +280=                                   |                        |
|   |  |   |              |                    |                                 |                  | L  | TOTAL<br>ADDIT. FEE |  | OR    | TOTAL<br>ADDIT. FEE                     |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                    |                                 |                  |  | 700H.TEL            |  | •     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREV        | HEST<br>UBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |  | RATE                | ADDI-<br>TIONAL<br>FEE                       |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                 |                                 | =                |  | X\$ 9=              |  | OR    | X\$18=                                  |                        |
|   | Independent  | *   | Minus        | ***                |                                 | =                |  | X42=                |  | OR    | X84=                                    |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |              |                    |                                 |                  | J  | +140=               |  | OR    | +280=                                   |                        |
|   |  |   |              |                    |                                 |                  | L  | TOTAL               | <u>.                                    </u> | OR    | TOTAL                                   |                        |
|   |  | (Column 1)                                |              | (Colu              | ımn 2)                          | (Column 3)       | ,  | ADDIT. FEE          |  | ]     | ADDIT. FEE                              |                        |
| AMENDMENT C   |  | CLAIMS REMAINING AFTER AMENDMENT          |              | HIG<br>NUI<br>PREV | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA |  | RATE                | ADDI-<br>TIONAL<br>FEE                       |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                 |                                 | =                | ] [  | X\$ 9=              |  | OR    | X\$18=                                  |                        |
|   | Independent  | *   | Minus        | ***                | IT OL 4111                      | =                | <b>                                     </b> | X42=                |  | OR    | X84=                                    |                        |
| ΙL  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= |   |              |                    |                                 |                  |  | +140=               |  | OR    | +280=                                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |              |                    |                                 |                  |  |                     |  | ł     | TOTAL                                   |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                    |                                 |                  |  |                     |  |       |   | L                      |